

County: Brown
 SANTA MARIA NURSING HOME
 430 SOUTH CLAY STREET
 GREEN BAY 54301 Phone: (920) 432-5231

Facility ID: 8060

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 57
 Total Licensed Bed Capacity (12/31/01): 59
 Number of Residents on 12/31/01: 40

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 44

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/01) | | | | Length of Stay (12/31/01) | | % |
|------------------------------------|----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 32.5 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 50.0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 12.5 | More Than 4 Years | | 17.5 |
| Day Services | No | Mental Illness (Org./Psy) | 50.0 | 65 - 74 | 2.5 | | | ----- |
| Respite Care | No | Mental Illness (Other) | 2.5 | 75 - 84 | 20.0 | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 50.0 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 15.0 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 2.5 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/01) | | |
| Other Meals | No | Cardiovascular | 27.5 | 65 & Over | 87.5 | ----- | | |
| Transportation | No | Cerebrovascular | 10.0 | | ----- | RNs | | 14.2 |
| Referral Service | No | Diabetes | 0.0 | Sex | % | LPNs | | 8.6 |
| Other Services | No | Respiratory | 0.0 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 7.5 | Male | 25.0 | Aides, & Orderlies | | |
| Mentally Ill | No | | ----- | Female | 75.0 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| Level of Care | Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | Private Pay | | | Family Care | | | Managed Care | | | Total Resi- dents | % Of All | |
|----------------------|------------------------|-------|----------------------|------------------------|-------|----------------------|-------|-----|----------------|----|----------------------|----------------|---|----------------------|-----------------|---|----------------------|-------------------------|----------------|-------|
| | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 1 | 4.2 | 119 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 2.5 |
| Skilled Care | 1 | 100.0 | 276 | 20 | 83.3 | 101 | 0 | 0.0 | 0 | 15 | 100.0 | 125 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 36 | 90.0 |
| Intermediate | --- | --- | --- | 3 | 12.5 | 82 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 3 | 7.5 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 1 | 100.0 | | 24 | 100.0 | | 0 | 0.0 | | 15 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 40 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--|---------------------|---------------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 | | | | |
| | | | | % Needing Assistance of One Or Two Staff | % Totally Dependent | Total Number of Residents |
| Percent Admissions from | | Activities of | % | | | |
| Private Home/No Home Health | 11.3 | Daily Living (ADL) | Independent | | | |
| Private Home/With Home Health | 2.8 | Bathing | 7.5 | 52.5 | 40.0 | 40 |
| Other Nursing Homes | 1.4 | Dressing | 22.5 | 55.0 | 22.5 | 40 |
| Acute Care Hospitals | 81.7 | Transferring | 37.5 | 45.0 | 17.5 | 40 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Toilet Use | 32.5 | 42.5 | 25.0 | 40 |
| Rehabilitation Hospitals | 0.0 | Eating | 72.5 | 7.5 | 20.0 | 40 |
| Other Locations | 2.8 | ***** | | | | |
| Total Number of Admissions | 71 | Continence | % | Special Treatments | | % |
| Percent Discharges To: | | Indwelling Or External Catheter | 12.5 | Receiving Respiratory Care | | 2.5 |
| Private Home/No Home Health | 22.8 | Occ/Freq. Incontinent of Bladder | 30.0 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 19.0 | Occ/Freq. Incontinent of Bowel | 25.0 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 5.1 | | | Receiving Ostomy Care | | 2.5 |
| Acute Care Hospitals | 11.4 | Mobility | | Receiving Tube Feeding | | 2.5 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Physically Restrained | 0.0 | Receiving Mechanically Altered Diets | | 30.0 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 6.3 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 35.4 | With Pressure Sores | 0.0 | Have Advance Directives | | 82.5 |
| Total Number of Discharges | | With Rashes | 0.0 | Medications | | |
| (Including Deaths) | 79 | | | Receiving Psychoactive Drugs | | 32.5 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| | This Facility % | Ownership: Peer Group Ratio | Bed Size: 50-99 Peer Group Ratio | Licensure: Skilled Peer Group Ratio | All Facilities % Ratio |
|--|-----------------|-----------------------------|----------------------------------|-------------------------------------|------------------------|
| Occupancy Rate: Average Daily Census/Licensed Beds | 74.6 | 82.7 0.90 | 85.1 0.88 | 84.3 0.88 | 84.6 0.88 |
| Current Residents from In-County | 95.0 | 82.1 1.16 | 80.0 1.19 | 82.7 1.15 | 77.0 1.23 |
| Admissions from In-County, Still Residing | 16.9 | 18.6 0.91 | 20.9 0.81 | 21.6 0.78 | 20.8 0.81 |
| Admissions/Average Daily Census | 161.4 | 178.7 0.90 | 144.6 1.12 | 137.9 1.17 | 128.9 1.25 |
| Discharges/Average Daily Census | 179.5 | 179.9 1.00 | 144.8 1.24 | 139.0 1.29 | 130.0 1.38 |
| Discharges To Private Residence/Average Daily Census | 75.0 | 76.7 0.98 | 60.4 1.24 | 55.2 1.36 | 52.8 1.42 |
| Residents Receiving Skilled Care | 92.5 | 93.6 0.99 | 90.5 1.02 | 91.8 1.01 | 85.3 1.08 |
| Residents Aged 65 and Older | 87.5 | 93.4 0.94 | 94.7 0.92 | 92.5 0.95 | 87.5 1.00 |
| Title 19 (Medicaid) Funded Residents | 60.0 | 63.4 0.95 | 58.0 1.03 | 64.3 0.93 | 68.7 0.87 |
| Private Pay Funded Residents | 37.5 | 23.0 1.63 | 32.0 1.17 | 25.6 1.47 | 22.0 1.70 |
| Developmentally Disabled Residents | 0.0 | 0.7 0.00 | 0.9 0.00 | 1.2 0.00 | 7.6 0.00 |
| Mentally Ill Residents | 52.5 | 30.1 1.74 | 33.8 1.55 | 37.4 1.40 | 33.8 1.55 |
| General Medical Service Residents | 7.5 | 23.3 0.32 | 18.3 0.41 | 21.2 0.35 | 19.4 0.39 |
| Impaired ADL (Mean) | 46.0 | 48.6 0.95 | 48.1 0.96 | 49.6 0.93 | 49.3 0.93 |
| Psychological Problems | 32.5 | 50.3 0.65 | 51.0 0.64 | 54.1 0.60 | 51.9 0.63 |
| Nursing Care Required (Mean) | 4.7 | 6.2 0.76 | 6.0 0.78 | 6.5 0.72 | 7.3 0.64 |